

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037927

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

471

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/591 0168
2 1001

3

4 0

5 1

6

7 0

8 0

9 4200

10

11

12 3.0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

Registration District No.

FILED NOV 7 1962

1. PLACE OF DEATH

a. COUNTY

CAPE

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

CAPE GIRARDEAU

Length of stay in 1b

45 min.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTE

SOUTHEAST MISSOURI HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

SCOTT

c. CITY

OR TOWN

CHAFFEE

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

402 HELEN AVE

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First ROBERT

Middle LOVELLE

Last McDONALD

4. DATE OF DEATH

Month OCTOBER

Day 25

Year 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

JUNE 23 1909

9. AGE (last birthday)

53

IF UNDER 1 YEAR

Months 4

Days 2

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

OWNER-GROCERY STORE

10b. KIND OF BUSINESS OR INDUSTRY

McDONALD'S GROCERY

11. BIRTHPLACE (City and state or country)

CHAFFEE, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ROBERT A. M. DONALD

13b. MOTHER'S MAIDEN NAME

LULA WILLIAMS

14. NAME OF HUSBAND OR WIFE

ALMA IMOGENE McDONALD

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS. R. B. McDONALD - CHAFFEE, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/25/62 to 10/25/62 and last saw him alive on 10/25/62

Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Israel M. Horowitz M.D.

22b. ADDRESS

24 N. Sprigg Cape Girardeau, Missouri

22c. DATE SIGNED

10/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

OCT. 28, 1962

23c. NAME OF CEMETERY OR CREMATORY

UNION PARK CEMETERY

23d. LOCATION (City, town, or county)

CHAFFEE, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Bispinghoff Funeral Home - CHAFFEE, MO. 11-1-1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

J. Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 29 1962

NOV 2 1962

JAN 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.